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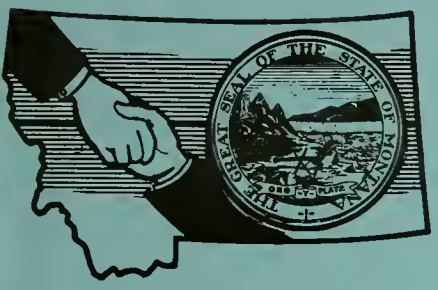

MONTANA COMPREHENSIVE HEALTH PLANNING NEWS

510 Logan Ave. – Helena, Montana 59601 – Phone 449-3121

VOLUME ONE, NUMBER SEVEN FEBRUARY, 1973

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Say Ahhhhh!

James Foley, Executive Director of the Southwestern Areawide Health Planning Council, was one of 357 persons to take advantage recently of a Head, Neck and Oral Cancer Project, jointly sponsored by his group and the Intermountain Regional Medical Program. Dr. John Soderberg, Director of the Oral Cancer Division of IRMP, tested Foley during the day-long program. A great number of Helena area dentists participated in the testing, conducted at St. Peter's Hospital. It was the 16th such project conducted in the intermountain region. Several persons were referred to their personal physicians for further testing.

Joins Staff

Cathy Campbell joined the state staff as a Health Planner on January 22nd. Miss Campbell comes from Washington, D.C. where she worked part time for a hospital consulting firm while a graduate student in Comprehensive Health Planning at the George Washington University. Her hobbies include backpacking, cross-country skiing and fishing.

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Provide Workshop on Group Process

WARREN BRASS (Standing, center), Areawide Coordinator for the state CHP staff, officially opened the two-day seminar at Helena's Travelodge January 22–23 by introducing Roberta Wallace, M.A., and David Gustafson, Ph.D. (University of Wisconsin). Roberta and David, both pictured at the right, presented a program entitled 'The Program Planning Model in Comprehensive Health Planning.' The two-day event provided some 42 in attendance with a first-hand experience in the Nominal Group Process of problem identification. The process will be utilized by areawide councils and state CHP staff members in identifying health priorities.

Committee Probes Ravalli Health Needs

Reprinted from the Missoulian

HAMILTON – The greatest health needs of Ravalli County was the subject of discussion at a meeting sponsored by the Ravalli County Comprehensive Health Planning Committee in Hamilton.

Some of the most important needs identified by the group included sewage and water systems, clinic facilities in conjunction with new hospital being planned, more county support for the sanitarian in the form of salary and staff, and home health aids for senior citizens.

Mrs. Amy Felix, cochairman of the local CHP group, explained that the Ravalli County Health Council and the health and geriatrics committee of the RC&D had merged with the CHP in an effort to avoid duplication of activity.

The amblyopia eye-screening clinic and flouride brush-in sponsored each year by the Health Council will be continued under the CHP, she said.

Committees dealing with environment, health care facilities and personal health services were formed in order to bring together people with similar interests. Ed Shepherd, county sanitarian, will be chairman of the environment committee and John Muir will head the health care facilities committee.

State CHP workers from Helena present at the meeting were Carl Helding, executive director of the northwest area, Warren Brass, areawide coordinator, and Miss Mary Jane Crigler, health planner.

South Central Report

by Jim Toner, Executive Director, South Central Health Planning

I am happy to report that progress is being made in all areas, except one:

1. The activity where progress is needed the most – at this time – but realized the least – is in getting Virginia Mitchell, our Secretary, back healthy and happy. She has been confined to Deaconess Hospital for all but five days of this year. We have been fortunate in receiving as much help as possible from the State CHP Office and the Billings WIN program. Both agencies have been able to provide temporary secretarial help over the past month. Such help has been invaluable in maintaining the sanity of the Executive Director.

2. We are presently accepting applications for the position of Health Training network coordinator. This has involved numerous hours of interviews and information dissemination.

3. A Yellowstone Council for Community Services' Committee has recommended the Council assume the responsibilities of a local CHP unit. The recommendation will be voted on by the Council as a whole sometime this month.

4. After a meeting involving the Yellowstone County Commissioner, Charles Searle, Executive Director of the Billings Chamber of Commerce and John Manley, Health Affairs Committee Chairman of the Chamber and SCRHPC member, Dr. R.C. Nelson was tentatively appointed to a proposed five-member Board of Health. This board is to agree on organization and finding of a City-County Health Department and make a formal proposal to the governing bodies.

5. Work is progressing on establishing criteria and an application form for review and comment of Health facilities' capital expenditures. The Board of Directors are presently reviewing proposed criteria and a proposed application form.

6. The following SCRHPC members attended the two-day seminar on Nominal Group and Delphi Techniques in Helena: Miriam Sample, Genevieve Dyche, Bea Kaasch, and Al Littler. Also in attendance were Jeri Meeks from the Yellowstone Council for community services and Jim Toner, SCRHPC Executive Director. Those attending had nothing but praise for the program.

7. I attended a meeting of the Montana Commission for Nursing and Nursing Education at Ft. Harrison. New members were elected.

Administrator's Column

by Robert Johnson

One of the major philosophical tenets upon which Comprehensive Health Planning is based is the importance of consumer participation. The term 'consumer' as it is used in the CHP program is somewhat of a misnomer because we all must purchase health care services.

The federal government, however, has defined 'health consumer' as any individual who does not directly receive financial support from the provision of or management of or the payment for, health care services. This is interpreted to mean, for example, that a voluntary member of a hospital board can be considered a health consumer member of a CHP council, but a secretary who works in a hospital or doctor's clinic cannot be considered a health consumer.

The above operational definition is meant to depict a life situation in respect to the health care delivery system and not a specific level of knowledge of the inner mechanics of how that system works. The term 'health consumer' is not meant to imply any particular level of income, class of occupations, ethnic or racial background, or social position within the community. It is meant to provide an adequate working definition of that segment of our population which, through necessity, must approach the purchase of any health care service from the point of view of an outsider or layman.

Enabling legislation and regulations mandate all CHP decision-making and/or advisory bodies must be composed of a majority of health consumers while insuring that there is broad representation from the health professions – geographic, socio-economic and ethnic representation. In addition, there must be broad and adequate representation from health providers – government, business and industry interests.

Unfortunately, there exists considerable misunderstanding of the role the health consumer fulfills in the health planning process and in relation to the types of consumers upon which some people feel CHP places undue emphasis.

In order to insure that the plans CHP produces, the health decisions it influences, and the activities it undertakes are the result of interaction on the part of a group of people representing the WHOLE community, CHP must make the effort to form a truly representative organization. While attempting to accomplish this feat, it has been noted that various segments of the community are more reticent to become involved than others. It is these unrepresented groups of people which sometimes need special consideration and encouragement in order to enable them to participate with interest and effectiveness on CHP councils and boards.

One of these groups is the lower socio-economic segment of our population. This group experiences more health problems, more difficulties when attempting to receive health care and has less power to effectively deal with these problems than most other members of the community. The term 'low-income' is not synonymous with the term 'health consumer.' They are only one group to be represented with many others within the consumer segment of any CHP organization. These people, along with all other members of CHP organizations, are not called upon to make administrative decisions relating to the delivery of any specific health delivery situation. These people, along with all the other CHP members, are asked to relate their own feelings and experiences which help to identify priority health needs and determine alternative solutions to those needs.

Health Consumers perceive their health needs differently than the providers; this varied input is needed in health planning endeavors. In addition, various segments within the consumer ranks perceive health needs differently than others because of differing life styles. Some consumers may be aware of barriers to getting good health care that other consumers and providers are not. No individual in the CHP program is called upon to undertake technical planning tasks for which he is not qualified. But all participants are asked to relate their own life experiences in such a manner that health needs determination and solution development can be accomplished from the basis of total community involvement.

Believes Emergency Services Important

Denton Rancher Edward Morse believes emergency medical services is of utmost importance around Montana. Morse has served two years with the North Central Areawide Health Planning Council and is a member of their facilities committee.

Morse said, "I've come to the conclusion that people, generally, have got to provide emergency services personally and not rely on others to get them to a medical facility."

The Denton cattle rancher said, "Montanans are generally a phone call away from help – but a lot of the problem could be alleviated if people were provided with training sessions. For instance, a good number of farms

have oxygen tanks on hand, but few farmers know how to use them in an emergency." He added, "One of the problems is the lack of standardization in the tanks themselves – some guages read in pounds and others in liters. If a quick chart could be provided to show them how to convert pounds into liters, that would help. Another problem is that it is difficult to find people willing to go to first-aid courses which are offered periodically."

Morse began his work with areawide health planning when he accompanied his wife to a CHP meeting in Lewistown. Mrs. Louise Morse was a nurse who hadn't practiced for quite a while but was interested in health planning. She was appointed to the areawide council. "She wouldn't go without me," he remembered, "I began attending and enjoyed it."

Mr. Morse said the facilities committee, which provides review and comment surrounding capital expenditures of hospitals and clinics seeking to expand facilities, has had five different requests for review recently. He commented, "We're trying to develop a system to make the applicant furnish material we can review. To date the reviews have been favorable, with one exception."

He concluded, "We're still in the learning process – learning what we can do. This two-day seminar (Mr. and Mrs. Morse attended a two-day session in Helena January 22–23, sponsored by Montana Office of Comprehensive Health Planning, Southwestern Areawide Health Planning Council and Program of Continuing Education, American Public Health Association) has helped me learn to work with groups of people. This particular seminar provided us with some good processes. I'd like to see CHP utilize the process to determine what people in Montana feel their health needs are."

Health Need List Headed by New Hospital

Reprinted from the Mineral Independent, Thursday, February 1, 1973

Using a procedure which permitted everyone present to take part, called the Nominal Group Process, a team of representatives from the state comprehensive health planning office obtained ideas on health care from persons at a public meeting.

Monday night at the Senior Citizen Center in Superior, Mary Jane Crigler of Helena, and Carl Helding of Missoula began the first in a series of meetings which will be held in every county in the state.

What do you see as the greatest health needs facing Mineral County, and you personally?

This question was asked for the consideration of everyone. Each person wrote their opinion on a piece of paper, then reported their ideas to one another in small groups. Then the group ideas were presented to the entire assembly for open discussion.

Some ideas were repeated by all groups, and by several individuals in each group. Others were unique suggestions. The problem was to avoid giving solutions before expressing the needs.

Frequently in 'town meeting' sessions the ideas of a few more vocal persons tend to overshadow the thoughts of the quieter persons. With this system everyone gets to have his ideas presented for consideration.

Helding and Crigler were introduced by Edna Frey, who is a member of the Seven County Health Planning body. Attempts to turn the meeting into a discussion of a new hospital were forestalled by the mechanics of presenting the health needs.

The primary need was felt to be lack of availability of medical attention locally at all times. Lack of a new hospital was considered of equal importance, but it was also a solution to the first need. That is, by having a new hospital the availability of a local doctor on a 24 hour basis was enhanced.

Helding attempted to spend two minutes on each item in a list of about 50 things. He found that more time was needed on controversial matters, and every little on needs which already have solutions. Several items were so similar that they were grouped for discussion.

Dr. Charles Huntley, who is keeping the office at Superior while Dr. Fleck is on vacation, said, first things first. It was proposed that 24 hour doctor service is needed, but he said a modern medical facility is a prerequesite in order to give doctors the equipment they require for their work, that is a hospital.

Voices grew shrill on the subject so that items which might be needed whether there is a new hospital or not would have taken a back seat without the system of reporting all ideas in small groups.

Schooling for parents to prevent child abuse was suggested. Dr. Huntley said legal machinery is needed to permit officials to interfere in cases of abused children.

Helding said tax money is predicted for funding 'Well Child' clinics. He was informed that only this weekend the U.S. President had ordered a cut-back on such government spending.

No more matching money for hospital building will be forthcoming. Betty Johnson said she has been contacted by the state office wanting to know if Hill-Burton money for Mineral hospital is going to be used by this spring. If not, she said a number of other hospitals are ready to grab it.

Family planning in this area is not being carried on. This is an education class by the doctor with young married women. An agency program, financed mostly for low income families provides this counseling. It also permits giving contraceptive pills to young girls, without the knowledge of their parents. This the doctor does not care to do.

Huntley, however, foresees an over populated nation unless immediate steps are taken to prevent and limit pregnancies.

There should be a registered nurse on duty at the hospital at all times. This has been the case for some time, Gwen Simkins, R.N. explained.

People should be given more knowledge of the laws on drug abuse. Why, Dr. Huntley wanted to know, so they can circumvent them? There is no hope of rehabilitation for drug abuse, he said, but drug prevention is needed. Some drug education is explained in high schools.

Services of a sanitarian are needed. There is one here one day a week checking restaurants. He should do more checking on sewers. More information is needed on how to contact this service.

Dental needs education is a need. Kalispell has a screening project whereby all primary school students are examined, and free dental care given.

What is needed, here, Edris Magone explained, is dental education for the parents, so they see that the children have good dental care.

Home health care for the elderly, a system of daily checking to make sure persons living alone are all right, were items skipped over without discussion.

Home first aid training is widely lacking. John Anderson said only a few people attend first aid classes. What would help is first aid taught to high school students for a starter.

More space needed for doctors offices (clinic). Huntley said the thing which young doctors expect is having proper equipment.

Doctors are attracted to an area like Mineral county as a place away from the dirt, congestion and pressure of big cities. Huntley said Missoula is number three spot in the world for the number of doctors per patient, they have 115 now.

Mention of an emergency the previous day caused Huntley to say that taking patients to a centralized hospital in Missoula is only compounding the problem. De lay in transmission is usually harmful and sometimes fatal.

A need for city-wide trash pickup is a need. This service is now available county-wide, Dick Hollenback explained.

Helding suggested a catalog of services which are available to local people. Edna Frey read a long list, most of which gave the services as available, but first people have to go to Missoula to get them.

Posting this information in public places was suggested.

A poison center is needed. The information on poisons and their antidotes is available from the Deaconess Hospital in Spokane for this area. A call to the Mineral hospital will put them or the caller in touch with the information center in Spokane, Gwen Simkins explained.

Immunization clinics are a need. Edris Magone said they are held about every two years. However the ser-

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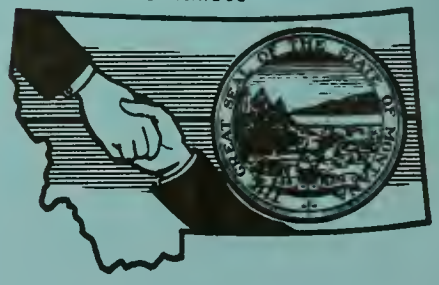

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vices of a nurse in the St. Regis and Saltese areas are not provided now as they are in Superior and Alberton schools.

A public health nurse is a need for the entire county.

Venereal Disease education is needed. Dr. Huntley, who had been county health officer in Missoula before his retirement, had a program for the education of parents. Helding suggested this area put his ideas to work before he leaves.

Clinics are needed for the elderly as well as children. A lot of people are not 'oriented' to regular health care.

A reference number is needed to call in an emergency, especially when the doctor is not available. The hospital staff is supposed to know where he is, when they don't, or he is not available what should the caller do?

The meeting closed with a film on public health nursing. The discussion here will be put with other information from meetings all over the state to try and evaluate the average citizen's ideas on health needs.

WILL YOUR COMMUNITY BE WITHOUT A PHYSICIAN IN 1976? PLAN AHEAD!

CHP has received a letter from a young man who will enter medical school this fall and graduate in 1976. He states, "I am interested in establishing a service contract with a Montana community having a doctor shortage. The contract would involve service to the community in return for financial aid to me from the community to help me meet the costs of medical school."

Since this might provide a useful, innovative approach to health manpower shortages in Montana, CHP staff is available to work with any community interested in investigating the possibility of such a contractual arrangement. If your community might be interested, please contact Mary Jane Crigler, Health Manpower Planner, CHP.

Send your ideas

on improving health care to -

SUGGESTION BOX:

510 Logan Ave. Helena, Montana 59601

Seeks Conversion of Manure to Methane

by Robert Scott, Missoula

The cattle population of Montana is four times its human population. With two and one-half million sheep, hogs, and chickens and untold numbers of horses, cats, dogs, and wildlife, Montana is naturally a large producer of animal excrement. In fact, some 40 million pounds of excrement are deposited in Montana each day.

This manure can be used to produce a fuel gas (similar to natural gas) in tanks like those used by municipal sewage treatment plants. If all the manure in Montana were used to produce gas in such digesters (digester because the manure is 'digested' by microscopic organisms) the value of the fuel would be $37 million annually (propane equivalent).

Some of this manure would be better left on the fields, of course, but much of it (including 3.3 million pounds per day presently accumulating on feedlots) should be put to such practical use. Feedlots have grown tremendously in size and number in the last ten years; 40 feedlots with over 2000 cattle in 1971 versus eight feedlots of such size in 1962. The gas could be potentially produced at feedlots, with a value of $3 million annually.

The digested material that is left after gas has been produced, can be used as a fertilizer. There are fewer inorganic nutrient chemicals in this fertilizer compared to commercially available ones, but the chemicals still have a value at least equal to the value of the gas. In addition there is an organic, humus-building portion to the manure fertilizer.

Montana cannot go indefinitely without using organic fertilizer on agricultural land; long term studies in Europe have shown this. Therefore, common manure takes on the character of a valuable natural resource and it would be unwise to waste it.

Research will be necessary to produce methane recovery units that are efficient and low cost. Current estimates are for units that cost from $1000 to $50,000, depending on size and it is estimated that a unit would pay for itself in five years. Research will also be necessary to determine the best way to package or transport the fertilizer or to find on-site ways of utilizing the liquid fertilizer, such as hydroponic gardening.

Proposals for research on methane recovery units to be conducted in Montana are currently being examined in Helena and Washington, D.C. If the research is approved, a side economic benefit of research jobs and material purchases would be given to the Montana region chosen.

Support Bills

by Ted Clack, Health Planner

During its December and January meetings, the Environmental Health Committee reviewed a large number of environmental bills proposed by the Department of Health & Environmental Sciences, the Department of Natural Resources, the Department of Planning & Economic Development, the Envirohmental Quality Council, the Department of State Lands and two bills proposed by Representative Dorothy Bradley. After consideration of all the bills, the EHC voted to limit its support to 13 and to request the council to endorse and support those bills. In an executive committee session, the council agreed to endorse and support 12 of the 13 bills, requesting that the 13th proposal, House Bill 492, proposing a three year moratorium on additional leases of state land for coal strip-mining, be submitted to a vote of the full council. The council has recently voted to endorse and support House Bill 492.

The bills to which the council has given its endorsement and support are:

HB 73: The proposed Promotional Utilities Advertising Act, introduced

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South West Report:

by Jim Foley, Executive Director, Southwestern Areawide Health Planning Council

The Southwestern Areawide Board of Directors met February 16, 1973 in Bozeman. At the meeting, board members started to establish priorities for the area for the coming year. Board members heard panel discussions on the coordinated efforts of all drug and alcoholism projects serving the area. Staff of the areawide have been working with the various drug and alcoholism projects to coordinate their efforts.

During the month the Southwestern Areawide, in cooperation with Mountain States Regional Medical Program and Intermountain Regional Medical Program, sponsored a Head, Neck and Oral Cancer project for the Helena area.

The IRMP funded the community coordinated attack on plaque grant written by the areawide for the Helena School District Number One. The purpose of this grant is to have all elementary school teachers in the system serve as dental health educators in their own classrooms under the supervision of Helena area dentists.

Staff of the areawide have written a mini-grant under the 'Help Communities Help Themselves' drug program to the U.S. Office of Education for the city of Helena. This project would send ten people from the Helena area to training in Minnesota.

Staff have cooperated with Butte Model Cities to prepare an Allied Health grant. The purpose of this project is to coordinate all health related funding and services in the Butte area.

The Health Facilities committee held its first hearing on requests for Certificate of Need and approval in Bozeman, February 23, 1973.

Continued

by Bradley, Towe, et al, would prohibit promotional advertising by public utilities, on the grounds that such advertising results in unnecessary expense to the counsumer, that such utilities are government regulated monopolies and that stimulation of increased energy consumption is irresponsible in a time of energy crisis. This bill was killed in committee, by one vote. A similar bill, HB 179, introduced by Holmes, Watt, et al, was also killed in committee.

HB 93: A proposal to vest additional powers within the DH&ES, it would permit the DH&ES and the Attorney General's office to more adequately enforce the solid waste disposal act. This bill was introduced by Swanberg, Driscoll, et al.

HB 112: This proposal would provide for creation of a state office responsible for stimulating and regulating the disposal of abandoned and junked automobiles. Provision is made for collection of fees and reimbursement of counties for participation in the program. This bill was introduced by Swanberg, Tierney, et al.

HB 127: Introduced by Francis Bardanouve, Gehrke, et al, this bill, The Montana Utility Siting Act of 1973, would vest in the Department of Natural Resources the authority to approve or disapprove the siting and construction of energy generation and conversion facilities, and associated facilities, within the State of Montana. The act calls for consideration of public input and of environmental, social, cultural and economic costs in siting decisions and mandates the development of a state energy policy. Elements of the bill appear similar to some aspects of the Environmental Site Permit System proposal, prepared under contract, for the EHC.

HB 330: A proposal introduced by Norman, this bill would vest in the DH&ES the authority to control environmental noise and would appropriate $46,918 to implement the act.

HB 341: The proposed Environmental Planning Subdivision Act would provide for more strict regulation of subdivision developments by mandating the preparation of minimum standards for such developments by the Dept. of Intergovernmental Relations, to be met by counties. Such standards would include review by various state agencies and would guarantee certain public health and environmental safeguards. This bill was introduced by Shelden, Bardanouve, et al.

HB 465: Introduced by Baucus, Norman, Bennetts and Driscoll, this proposal would provide the DH&Es greater authority to prevent air pollution, control solid waste disposal, control water quality and better enforce public restrictions on subdivision developments.

HB 492: Introduced by Bradley, Norman, et al, this bill would impose a three year moratorium on additional leases of state lands for the purpose of coal strip-mining. The moratorium is proposed to guarantee that studies underway and to be initiated might adequately ensure proper development of Montana's resources and protect the health, safety and welfare of the people of Montana, would be completed and the results disseminated before irrevocable commitments are made.

SB 94 & 108: These bills deal with strip-mining and mind-land reclamation. Both bills more adequately regulate both mining and reclamation and vest more authority in the Dept. of State Lands in execution of its duties. SB 94 provides the Dept. of State Lands more discretionary authority than does SB 108; SB 108 elaborates more stringent requirements in defining adequate mining and reclamation methods and results than does SB 94. The EHC and the council endorsed and supported both bills and urged the Senate Natural Resources Committee to prepare a compromise bill incorporating the best elements of both bills. Bertsche, Cochrane, et al, introduced SB 94; Darrow, Flynn, et al, introduced SB 108.

SB 188: Introduced by Darrow, McKeon, et al, the proposed Pollution Disclosure Act of 1973 would require the DH & ES to define toxic substances occurring in enterprise effluents. The bill would further require those enterprises discharging such effluents to disclose the type, amount and route of the discharge. Such disclosures would be available to the public. Action on this bill has been deferred until the 1974 Legislature.

SB 297: This bill would enable the DH&Es to aid local governments in financing public health related projects such as secondary sewage treatment systems. The bill was introduced by Boylan, Breeden and Mc Omber.

SB 405: Introduced by Broeder and Bertsche, the proposed Montana Forest Practices Act would vest in the Dept. of Natural Resources the authority to regulate silvicultural practices on state and private lands, if such lands are desgnated as forest lands by the owner. The measure is seen as protective of state and private forest lands, in that inappropriate management and harvesting techniques would be precluded.

SB 444: The proposed Montana Water Use Act, introduced by McGowan, would more closely regulate water rights. Such regulation would include authentication of water claims, creation of state and regional water right registries, provision for abandonment of water rights, definitions of beneficial uses of water (to include recreation) and a provision to permit political subdivisions or entities (local, county or state government) to reserve water, where it is not all appropriated, to maintain flow, quality, etc. for future beneficial use.